

In re Application of:

John Vanelli

Application No.: 09/945,447

Filed: August 31, 2001

For: APPARATUS AND METHOD FOR

PROVIDING CONSOLIDATED MEDICAL INFORMATION

Examiner: Unknown

Art Group: 2166

#19

RESPONSE TO NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

Box Missing Parts Commissioner for Patents Washington, DC 20231-9998

Sir:

In response to the Notice of Incomplete Reply mailed February 28, 2002, please find enclosed: (1) substitute drawings in compliance with 37 C.F.R. § 1.84; and (2) a copy of the Notice of Incomplete Reply (Nonprovisional).

If any fees are required, please charge Deposit Account No. 09-0946. A duplicate of the Fee Transmittal is enclosed for deposit account charging purposes.

Respectfully submitted,

IRELL & MANELLA LLP

Dated: <u>March 28, 2002</u>

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail with sufficient postage in an envelope addressed to: Commissioner for Patents, Box Missing Parts, Washington, D.C. 20231 on: December 21, 2001.

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3/26/2002

Docket No. 156953-0009 Application No. 09/945,447 Response to Notice of Incomplete Reply

APR 1 0 2002

PTO/SB/17 (11-01)
Approach or use through 10/31/2002. OMB 0651-0032
S. Patern AND TO THE OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to	U.S. Patent and respond to a collection of info	Marian Office; U.S. DEPARTMENT OF COMMERCE fination unless it displays a valid OMB control number		
	Complete if Known			
FEE TRANSMITTAL	Application Number 09/945,447 Filing Date August 31, 2001 First Named Inventor John Vanelli Examiner Name Unknown Group Art Unit 2166			
for EV 2002	Filing Date	August 31, 2001		
for FY 2002	First Named Inventor	John Vanelli		
Patent fees are subject to annual revision.	Examiner Name	Unknown		
Applicant claims small entity status. See 37 CFR 1.27	Group Art Unit	2166		
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attomey Docket No.	156953-0009		

FFF CALCULATION (confining)						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None 3. ADD	3. ADDITIONAL FEES					
	y Small Entity					
Fee Fe						
Account Number 09-0946 Code (\$						
Deposit Account Irell & Manella LLP 127 56						
Name 127 3	cover sheet					
The Commissioner is authorized to: (check all that apply) 139 136	139 130 Non-English specification					
Charge fee(s) indicated below Credit any overpayments 147 2,52	147 2,520 For filing a request for ex parte reexamination					
Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filing fee						
The state of the s	Examiner action 1.840° Requesting publication of SIR after					
FEE CALCULATION	Examiner action					
1. BASIC FILING FEE	215 55 Extension for reply within first month					
Large Entity Small Entity	216 200 Extension for reply within second month					
Fee Fee Fee Fee Fee Description Fee Paid						
118 1,44	218 720 Extension for reply within fourth month					
106 330 206 165 Design filing fee	228 980 Extension for reply within fifth month					
107 510 207 255 Plant filing fee	219 160 Notice of Appeal					
108 740 208 370 Reissue filing fee 120 320	220 160 Filing a brief in support of an appeal					
114 160 214 80 Provisional filing fee 121 280						
SUBTOTAL (1) (\$) 0.00						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 141 1,28						
Extra Claims below Fee Paid 142 1,28						
Total Claims						
Claims 144 621						
Multiple Dependent						
Large Entity Small Entity 126 18						
Fee Fee Fee Fee Description						
Code (\$)	581 40 Recording each patent assignment per property (times number of properties)					
102 84 202 42 Independent claims in excess of 3 146 74	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))					
104 280 204 140 Multiple dependent claim, if not paid						
109 84 209 42 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))					
110 18 210 9 "Reissue claims in excess of 20 179 74						
and over original patent 169 90	169 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$) 0.00 Other fee	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid *SUBTOTAL (3) (\$) 0.00						

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	Kimberley G. Nobles	Registration No. (Attorney/Agent)	38,255	Telephone	(949) 760-0991
Signature	Joney allo	ble		Date	March 28, 2002

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